

Oak Hill Fire and Rescue
2400 Highway 181 North
Morganton, NC 28655

Application for Membership as a FireFighter/Rescue Technician

Name: _____ Soc. Sec. #: _____ - _____ - _____

Address: _____ Phone #: (____) _____ - _____

E-Mail: _____

Employer: _____ Shift: _____

Address: _____

Position: _____ Work #: (____) _____ - _____

Time at Job: _____ (If less than 1 yr., list previous employer below)

Phone #: (____) _____ - _____

Marital Status: M S D Sep. D.O.B: ____/____/____ Age: ____

Driver's License #: _____ State Issued: NC Other:

Next of Kin: Name: _____

Contact Phone# (____) _____

Highest Level of Education: _____

List any Fire/Rescue Experience: N/A :

List any certifications (List Cert Lic No.) _____

Have you ever been charged with a misdemeanor or a felony? Yes No

If so, Explain: _____

Do you give a representative from Oak Hill Fire Rescue permission to check your criminal and driving record? Yes No If so, Initial: _____

List the last addresses you have lived at within the last 10 years starting with the most current:

Conditions:

1. This application should be submitted 30 days prior to being considered for membership.
2. This application must be approved by the OHFR Board of Directors.
3. If you miss more than 66% of departmental meetings, you will be subject to dismissal.
4. You will be on call 24 hours a day in case of fire, rescue, or any other emergency.
5. You will adhere to the bylaws, rules, regulations, and standard operating procedures of Oak Hill Fire and Rescue.
6. Failure to supply the required documents as stated on the applicante instruction sheet will result in the application not being processed.
6. Records check must accompany application.

Initial: _____

Do Not Mark Below This Line

Official Use Only

Date Applicant Interviewed: ____ / ____ / ____

Interviewed By: _____

Comments:

Recommended to Board for Membership: Yes No

Committee Chairman's Signature: _____ *Date:* ____ / ____ / ____

Approved by Board of Directors: _____ *Date:* ____ / ____ / ____

Date Medical Release Received: ____ / ____ / ____

Reviewed By: _____ *Date:* ____ / ____ / ____

Please provide 3 references of persons that are not related to you.

Name: _____

Address: _____ *Phone #:* (____) ____ - _____

Name: _____

Address: _____ *Phone #:* (____) ____ - _____

Name: _____

Address: _____ *Phone #:* (____) ____ - _____

By signing your name below, you are giving Oak Hill Fire and Rescue permission to check your criminal and driving record. Also, you are verifying that to the best of your knowledge, you have correctly and truthfully answered all of the above questions. Also, please note the conditions on the reverse side of this application. Thank you for applying.

Applicant's Signature: _____ Date: ____ / ____ / ____

Recommended By: _____ Date: ____ / ____ / ____